



## Newsletter - January 2008

*Dear Reader,*

*The New Year brings new challenges in the fight against malaria, whilst some existing ones endure. Humanity has a curious way of prioritizing needs, calling for an innovative approach to marry capitalism and philanthropy. A recent report succinctly hit the essential point home: Rapid scale-up of malaria interventions is not a choice but a necessity in our interlinked and very small world. At the recent annual meeting of the European Alliance Against Malaria, guest of honor Prof Coll-Seck amplified this point: Scaling up for impact remains a cornerstone strategy in combating malaria worldwide. The US presidential elections this year and European parliamentary elections next year will deflect some attention to bread and butter issues. But we shall remain resolute - There is no time like the present.*

*Marcus Lens - Project Manager EAAM*

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### **Brussels: Global Fund highlights its successes and challenges in the European Parliament**



On 29 November 2007, Luisa Morgantini, Vice President of the European Parliament, chaired a parliamentary hearing on the results of the Global Fund. 75 participants, including several Members of the European Parliament, officials of the European institutions, civil society representatives and embassy diplomats attended the meeting. Global Fund Executive Director Michel Kazatchkine complimented the EU for its strong commitment to the Fund and

outlined future challenges, such as the higher involvement of the new member states. Including the results of the latest proposal round (no. 7), the Global Fund approved 10 billion USD in grants. Between 2006 and 2007 alone, Global Fund funding of HIV/AIDS and TB treatment doubled, whereas the distribution of bed nets to prevent malaria grew by even 165%. Enid Wamani, National Secretariat Coordinator for the Ugandan Malaria and Childhood Illness NGO Secretariat, lauded the enormous contribution of the Global Fund to the international fight against malaria (the Fund provides 64% of all international resources available). In Uganda alone, 1.8m bednets, over 23m doses of antimalarial medication, over 99m antiretroviral medicines and more than 110.000 packs of TB drugs were procured with Global Fund money. She urged the Members of the European Parliament to support African governments in making health a priority issue, and that they have an important role to play in advocating for the fight against malaria. She also made clear that the EU's contribution to the Global Fund must not take away funds from other budget lines dedicated to health. Also, the European Commission should cooperate closely with the GFATM to harmonize and simplify procedures and processes, and its delegations should provide technical assistance to the CCM (country coordinating mechanism) Secretariat or civil society when required.

Adjacent to the hearing, the Global Fund, the European Alliance against Malaria and DSW hosted a civil society roundtable. 20 participants from civil society and a Member of the European Parliament discussed with Global Fund staff. The lively debate focused on the results of the recent Board meeting in Kunming and proposal round 7 (where malaria proposals doubled their success rate!), the concrete added value of the Global Fund in light of other bi- and multilateral mechanisms and instruments, the inclusion of people with disabilities and people living with HIV in the Global Fund and specific projects to combat violence against women, as well as and the relationship between the European Commission delegations and the CCMs.

The roundtable concluded by stating that the health community must be internally cohesive and thus improve the consistency of north-south advocacy messages. One of the Global Fund's principles is the additionality of its contributions, thus governments and the EC must not shift money away from other sectors for their GFATM pledges.

For more information, please contact [Michael Alfons](#), Advocacy Officer - Deutsche Stiftung Weltbevölkerung (DSW)

### **Germany - Establishment of German Network Against Malaria**

On 11 January, more than 20 representatives of German NGOs working in the global health and development field attended a meeting on malaria organised by GRC and DSW in Berlin. The meeting aimed to initiate the formation of a German malaria network until World Malaria Day 2008. With input on the state of the art in fighting malaria as well as on the activities of the French Coalition Against Malaria, the attending organisations discussed aims, identity, structure and content of a German network. The meeting has marked the starting point for joint, coordinated and concise future actions of the German civil society organisations in the fight against malaria.

Member of Parliament organises Expert Talk on Malaria (Katharina)

Dr Karl Addicks, member of DSW's Parliamentary Advisory Committee, who is himself a medical doctor organises an expert talk on malaria on 24 January

2008 in the German Bundestag. On the invitation of Dr Addicks, the Head of Department of Tropical Medicine of the University Wuerzburg, the Executive Director of the German Association of Research-Based Pharmaceutical Companies and the Head of Research and Development Policies of BayerScheringPharma will discuss the status quo and development of research for poverty diseases such as malaria.

For more information, please contact [Katharina Scheffler](#), Advocacy Officer - Deutsche Stiftung Weltbevölkerung (DSW)

### **Spain - Parliament approves member private bill on malaria**

Presented by the Parliamentarian Group Izquierda-Unida –ICV, the International Development Cooperation Commission in its session of the 11th of December 2007, has approved the private bill about the financing of projects designated to prevent, treat and investigate malaria under the following terms:

- From the Foreign Affairs & Cooperation Ministry there shall continue to be an increase in resources and a continuation of support designated to combat malaria and the control of this disease in the endemic countries, hereby pursuing to accomplish the Millennium Development Goals.
- Guarantee access, preventive tools and an efficient as well as affordable medical treatment to the communities at risk.
- Support of awareness & educational campaigns related to malaria control within the countries where malaria is more wide spread.
- To keep an eye so that the malaria control programmes are integrated within the primary health aid services, and therefore contribute to the strengthening of the health system on the whole.

For more information, please contact [Filomena Ruggiero](#), Advocacy Officer - Federación de Planificación Familiar Estatal

### Spain - Top sportsmen support malaria campaign



Iker Casillas (Real Madrid's & Spanish national team goalkeeper) Rafa Nadal (Tennis Roland Garros champion) Fernando Alonso (F1 Winner), Carlos Moyá (Roland Garros champion) Sergio García (nicknamed El Niño, is a Spanish professional golfer) Pedro Martínez de la Rosa (F1 racer), Rául González (Real Madrid's & Spanish national team football player), Álvaro Benito, Feliciano López, Sergio Ramos, Fernando

Hierro, Óscar Pereiro, Mahamadou Diarrá, Álvaro Bautista, David Ferrer, Miguel Ángel Nadal, Jesús Navas, Alberto Contador, Frédéric Kanouté, Fabio Cannavaro, Roberto Abbondanzieri all participated in the humanitarian tennis and football match for a malaria free world. The match was transmitted on TV the 20th of December and due to its success again on Christmas Day. During the transmission of the event key malaria messages were given to the audience.

For more information, please contact [Sonia Cervello Rüdiger](#), Communications Director - Spanish Red Cross

### Spain - Regional president publicly announces to donate his personal salary increase of 2008 to the malaria cause

The regional president of Castilla-La Mancha, José Maria Barreda, has announced that he'll bind his salary increase – of around 27.000 € per annum- to different NGO's. For the year 2008 he has chosen to donate a specific amount (not yet defined) to the Spanish Red Cross specifically to the programme of prevention and eradication of malaria in Africa.

For more information, please contact [Sonia Cervello Rüdiger](#), Communications Director - Spanish Red Cross

### UK - Lecture on Malaria and Human Rights



On Human Rights Day, Monday 10th December 2007, the UN Special Rapporteur on the Right to Health, Professor Paul Hunt, spoke at the first Annual lecture on malaria and human rights, organised by the European Alliance Against Malaria, and the UK Coalition Against Malaria. Paul Hunt's speech was preceded by Stuart Mulholland, Chair of the UK Coalition Against Malaria, and Marcus Lens Van Rijn, introducing the two advocacy projects that were jointly

hosting the event.

Professor Hunt highlighted that malaria is a human rights issue and that a right to health perspective has a constructive contribution to make in the fight against malaria. Using his experience as Special Rapporteur, Paul Hunt highlighted the key components of a rights based approach to malaria and ended his speech with a Call to Action urging civil society organisations to take up malaria as a human rights issue. He reiterated that all actors have responsibilities and highlighted key priorities for urgent action: developing health systems and establishing accountability mechanisms.

The Lecture was attended by around 95 people including parliamentarians, various advocates from NGOs as well as donors, such as DFID, and representatives from the media, academia, and from the private and public sector. They all received a specially designed Human Rights folder with Alliance Material and a recently compiled factsheet on Malaria & the right to Health. They were also given copies of Paul Hunt's official report on Uganda. Two European Alliance stands were on display. Paul Hunt's speech, photos of the event and a press release are on the UK section of the European Alliance website.

Malaria Consortium and Bartley Robbs then hosted a Human Rights Dinner at a nearby hotel with Paul Hunt as the special guest. Other key stakeholders and advocates were also present at the dinner including Professor Greenwood, London School of Hygiene and Tropical Medicine, Stephen O'Brien MP, Chair of the All Party Parliamentary Group on Malaria, and Malcolm Bruce MP, Chair of the International Development Select Committee. Other representatives from the pharmaceutical, civil society, and media were also present.

The event was extremely successful, building on numerous relationships already established with UK parliamentarians (e.g. Stephen O'Brien, Malcolm Bruce), government (DFID), and the media. It also meant that the UK partners are now engaging key stakeholders at all levels

including the UN. There was also increased awareness of the Alliance due to the promotion and wide distribution of invitations to the Lecture itself. From the NGO community our target for the Lecture was to invite representatives and advocates that worked in health and in human rights. As such as we had people attending from organisations such as Doctors for Human Rights, Hospital of tropical diseases, the Rights Practice, Global Health Strategies, Merlin, and MSF.

For more information, please contact [Sarah Pickwick](#), Advocacy Assistant - Malaria Consortium

## **UNICEF flagship report says community health programmes are key to reducing child mortality**

By Chris Niles

NEW YORK, 22 January 2008 – Fatma, 2, is one of the thousands of Kenyan children whose lives have been saved by a cheap and simple preventive health measure. The mass distribution of insecticide-treated bednets in Kenya has halved deaths from malaria in the past five years. Its success is part of a range of community-based health programmes that, UNICEF believes, hold the key to meeting the Millennium Development Goal of reducing child mortality by two-thirds – and achieving other MDGs – by 2015.

The programmes span the globe – from universal salt iodization in Turkmenistan, which has helped eliminate iodine deficiency disorder, to a community centre in Argentina that gives support to disabled children with special needs. These initiatives have different aims, but they achieve the same purpose of tackling children’s health problems cost-effectively.

### **Maternal and child health**

UNICEF’s flagship report *The State of the World’s Children 2008*, which was released today in Geneva, says the health needs of women, mothers and newborn children must be a priority if the MDGs are to be met. The new information in *The State of the World’s Children 2008* is drawn from household survey data as well as material from key partners, including the World Health Organization and the World Bank. Among the speakers and attendees of today’s launch ceremony were UNICEF Executive Director, Ann M. Veneman; Director-General of the World Health Organization, Dr. Margaret Chan; Vice President of the World Bank’s Human Development Network, Joy Phumaphi; and Commissioner for Social Affairs of the African Union, Bience P. Gawanas. “The world has seen progress in child survival and with the right partnerships, policies and programmes, even more can be achieved,” said Ms. Veneman during a press conference in Geneva. “The challenge is to reach the millions of children and families who continue to go without adequate, preventative and curative care.”

### **A development priority**

UNICEF believes that the political leaders of the G8 industrialized nations must address child health as not just a moral imperative but also a development priority. And experience has shown that the benefits of community health spread far beyond just children. The bednet campaign in Kenya, for example, has led to the corollary effect of improving the country's productivity, because malaria is the primary cause of workplace absenteeism. In Turkmenistan, where children like Atabay Uzbayev, 13, no longer have to worry about the debilitating effects of iodine deficiency, they are free to plan a future. "I want to get higher education when I grow up. I want to enter the university and study math," said Atabay.

### **'Immediate benefits'**

"Investing in the health of children and their mothers is a sound economic decision and one of the surest ways for a country to set its course towards a better future," said the World Bank's Human Development Network Vice-President, Joy Phumaphi.

Added the World Health Organization's Director-General, Dr. Margaret Chan: "Innovative programmes in many countries show that an integrated approach, where each child is reached with a package of interventions at one time, can bring immediate benefits."

[http://www.unicef.org/childsurvival/index\\_42503.html](http://www.unicef.org/childsurvival/index_42503.html)

### **Red Cross key to the success of massive campaign to protect 2.8 million children from malaria, measles and polio in Mali**

*By Noora Kero, International Federation, in Segou, Mali*

Thousands of people are gathered in the Sebenikoro school yard in Bamako, the capital of Mali. Various music groups are performing and school children are standing in line to welcome visitors.

"We have to chase after Malian children and convince their parents to bring them to be vaccinated. This is a way to prepare children for the future, it's an investment for the whole country," says Malian President Amadou Toumani Touré as he opens the integrated campaign for improved child survival. Shortly after, he also gives the first dose of oral polio vaccination to a small Malian boy.

Between 13-19 December, all Malian children under five years of age received for free five types of health assistance to improve their chances of survival. During the campaign, children were vaccinated against measles and polio, they received Vitamin A supplements, treatment to kill intestinal worms as well as a long lasting insecticide-treated mosquito net to protect them from malaria.

These diseases are all either curable or preventable. Malaria is the most significant killer of African children under five. Despite progress in reducing the measles burden in recent years it

remains one of the top five killers of children, polio disables children at a high rate and cases in Mali continue to rise. Vitamin A aims to strengthen the immune system against infection and deworming helps children grow and prevent anemia.

This is the first time in Mali and the second time in Africa that all five acts take place at the same time. Hence costs are reduced and families save time.

The village of Tamasodaga in Ségou region, 300 kilometres north-east of Bamako, is one of more than two thousand campaign sites. Tamasodaga is situated on the Niger River and it's one of the smallest sites: here 50 children are vaccinated outside, under a mango tree. A team of two government health workers and three volunteers from the Mali Red Cross Society have arrived on a pirogue bringing the vaccines with them.

"The river runs on both sides of the village so we have a lot of mosquitoes here – and malaria. It takes a lot of time to get to the nearest health centre: first you have to cross the river and then find a bike or a motorbike to get you there," explains Awa Djenta, a mother of five children.

This is the reason why Awa Djenta often treats her children with local medicinal plants when they are ill. Plants are boiled and then given as a drink or rubbed on the chest and back of children to ease the effects of malaria. The child is taken to the other side of the river to be treated only when he gets seriously sick.

"One of my children is chronically ill. He suffers from dizziness and is sometimes very weak. This makes me very worried," Awa adds.

In 2006, children were given vitamin A in the village, last year there were no distributions. Awa is happy to bring her daughter Kaja, aged 3, to be vaccinated and to receive other medication. She is also pleased to replace her old cotton mosquito net with a new one that is insecticide-treated.

The campaign is part of a huge effort led by the Malian Ministry of Health and involving two dozen national and international partners including the International Federation of Red Cross and Red Crescent Societies. The estimated total cost of the campaign is 13-15 million US dollars, of which Mali government has contributed about one million.

The rest is provided by different partners such as the Canadian and United States governments and international organisations. The Malian Ministry of Health has provided ten thousand volunteers and Mali Red Cross Society has trained 2 500 volunteers for the campaign.

"Our volunteers are working in Bamako and in eight other regions during the campaign. Six weeks after the campaign, they will visit houses to educate people on the correct use of mosquito nets. Another round of visits is going to take place during the next rainy season,"

explains Nouhoum Maiga, who is in charge of human resources and volunteers at the Mali Red Cross Society.

Vaccinations, vitamin A, albendazole and deworming medication will be provided for free during the entire year in health centres. In addition, vitamin A and albendazole will also be given every six months during the "Week of Intensification of Nutritional Activities".

In recent years, the Canadian Red Cross has been very active in fighting against malaria in Africa. During the last four years, it has distributed over 4.8 million nets in nine different African countries.

"Before Mali, the last nationwide campaign supported by the International Federation of Red Cross and Red Crescent Societies was in Sierra Leone, in 2006, where over 875,000 mosquito nets were distributed. Before the campaign, ten per cent of children under five were sleeping under a net. After the campaign, the figure was 54 per cent, so it makes a huge difference", says Pat Laberge, Malaria Programme Manager for Canadian Red Cross.

"The campaigns like the one in Mali do reach large numbers of children so they are a good way to increase impact. But the long term objective is still to continue to improve access to local healthcare", concludes Marcy Erskine, Malaria Advisor at Canadian Red Cross.

<http://www.ifrc.org/Docs/News/07/07121902/index.asp>